

## STUDENT EMPLOYMENT

2017 - 2018

**OneUSG** is the payroll system used by South Georgia State College. As an employee, you will be required to utilize "punch time" to record your work time in this system. After all the necessary documents are received by Human Resources/Payroll, you will be hired into the system and will be assigned an employee id number. You will be sent an email with your user ID and instructions for OneUSG.

### REQUIRED DOCUMENTS:

- Completed attached forms.
- Social security card or copy of social security card
- Drivers' license or copy of drivers' license or student id
- Deposit document such as a check or document from your depositing institution for correct deposit of your pay.
- Document verifying that you are authorized to be hired:  
Federal Work Study Award document with signature of your direct supervisor  
OR  
Student Worker Program document with signatures.

Payroll is processed on a biweekly basis meaning you will receive pay every two weeks. **Direct deposit is highly recommended.** If direct deposit information is not submitted, your pay will be mailed to the address supplied on the Personal Data Form.

Donna Ross  
260-4369  
[donna.ross@sgsc.edu](mailto:donna.ross@sgsc.edu)

Fatima Corona  
260-4378  
[fatima.corona@sgsc.edu](mailto:fatima.corona@sgsc.edu)

Nancy Taft  
260-4238  
[nancy.taft@sgsc.edu](mailto:nancy.taft@sgsc.edu)



Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States ( <i>See instructions</i> )
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. ( <i>See instructions</i> )
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See Instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative <i>HR Asst.</i>	
Last Name of Employer or Authorized Representative <i>Ross</i>	First Name of Employer or Authorized Representative <i>Donna</i>	Employer's Business or Organization Name <i>SGSC</i>	
Employer's Business or Organization Address (Street Number and Name) <i>100 W College Park Dr</i>	City or Town <i>Douglas</i>	State <i>GA</i>	ZIP Code <i>31533</i>

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



# Personal Data Form

[Print Form](#)

South Georgia State College- Human Resources

☐ New Hire☐ Rehire**Name as It appears on Social Security Card**

Prefix:

☐ Doctor☐ Miss☐ Mister☐ Mrs.☐ Ms.

First:

Middle

Last

Suffix

Preferred Name

**Home Address:****Mailing address (if different from Home Address:**

Address

Address

City

State

City

State

County

Zip

County

Zip

**Contact Information:**

Home:

Cell:

E-Mail:

Other:

**Highest Education Level:**☐ Less than High School Grad☐ Bachelor's Degree☐ High School Grad/Equivalent☐ Some Graduate School☐ Some College☐ Master's Level Degree☐ Educational Specialist☐ Doctorate (Academic)☐ Technical School☐ Doctorate (Professional)☐ 2 Year College Degree☐ Post-Doctorate**Military Status: (voluntary - definitions attached)**☐ Not a Veteran☐ Recently Separated Veteran☐ Active Reserve☐ Other Protected Veteran☐ Vietnam Era Veteran☐ Special Disabled Veteran**Disability Status : (voluntary)**☐ Disabled☐ Not disabled☐ Undisclosed**Gender:**☐ Male☐ Female**Marital Status:**

\*Status Date:

☐ Single☐ Married\*☐ Divorced\*☐ Widowed\***Ethnicity : (voluntary)**☐ American Indian/Alaskan Native (not Hispanic or Latino)☐ Asian/Pacific Islander (not Hispanic or Latino)☐ Hispanic or Latino☐ Black or African American (not Hispanic or Latino)☐ White (not Hispanic or Latino)☐ Two or More Races (not Hispanic or Latino)☐ Other☐ Not Disclosed

Date of Birth:

Country of Birth:

**Citizenship Status:**☐ Citizen or national of the United States☐ A Lawful Permanent Resident☐ Non-Resident Alien authorized to work in the U.S.**Emergency Contact Information**

Name:

Relationship:

Telephone Number:

Name:

Relationship:

Telephone Number:

I understand that any changes to Personal Data indicated on this form should be reported to Human Resources within 14 days of the change.

Signature

Date

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2018</b>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6		7	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had <b>no</b> tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
Date ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	



1511004011

## STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

## 3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1.....[ ]

4. DEPENDENT ALLOWANCES [ ]

B. Married Filing Joint, both spouses working:

Enter 0 or 1.....[ ]

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2.....[ ]

5. ADDITIONAL ALLOWANCES [ ]

(worksheet below must be completed)

D. Married Filing Separate:

Enter 0 or 1.....[ ]

E. Head of Household:

Enter 0 or 1.....[ ]

6. ADDITIONAL WITHHOLDING \$\_\_\_\_\_

## WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

## 1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind

Number of boxes checked \_\_\_\_\_ x 1300.....\$\_\_\_\_\_

## 2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions.....\$\_\_\_\_\_

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300

Each Spouse \$1,500 \$\_\_\_\_\_

C. Subtract Line B from Line A.....\$\_\_\_\_\_

D. Allowable Deductions to Federal Adjusted Gross Income.....\$\_\_\_\_\_

E. Add the Amounts on Lines 1, 2C, and 2D.....\$\_\_\_\_\_

F. Estimate of Taxable Income not Subject to Withholding.....\$\_\_\_\_\_

G. Subtract Line F from Line E (if zero or less, stop here).....\$\_\_\_\_\_

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above.....\$\_\_\_\_\_

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) \_\_\_\_\_

TOTAL ALLOWANCES (Total of Lines 3 - 5) \_\_\_\_\_

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

## 8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here ☐

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is \_\_\_\_\_.

My spouse's (servicemember) state of residence is \_\_\_\_\_. The states of residence must be the same to be exempt. Check here ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS:

EMPLOYER'S FEIN: \_\_\_\_\_

EMPLOYER'S WH#: \_\_\_\_\_

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

## South Georgia State College Authorization Agreement for Direct Deposit

IT IS THE INTENTION OF THE COLLEGE TO PAY ALL EMPLOYEES THROUGH DIRECT DEPOSIT AS THE MOST EFFICIENT AND TIMELY METHOD OF COMPENSATION. PLEASE COMPLETE THE DIRECT DEPOSIT AGREEMENT INDICATING WHERE YOUR PAY SHOULD BE DIRECTED.

NOTE: All employees should update Direct Deposit information via HR Self Service. HR Self Service allows employees to set up a split between multiple direct deposit accounts, but this form does not.

### Important Facts about Direct Deposit

An employee can have his/her check deposited into multiple accounts via HR Self Service. One account must be designated as the "balance" account, but the other accounts can be split based on dollar amounts or percentages. Employees using this form to initiate Direct Deposit only have the option of selecting one account to deposit 100% of their paycheck to. Once the information is entered by Payroll into the system, the employee can go in via HR Self Service and create multiple splits.

A check marked "VOID" should be submitted with this authorization form. A deposit slip is acceptable ONLY for direct deposit into a savings account. Neither is required if the employee is using HR Self Service.

The employee's account will be pre-noted the first pay cycle after the authorization has been received. This means that no money is actually sent to the employee's bank, just the name and account number to assure that no mistakes have been made in coding. The next pay cycle the employee's check is direct deposited.

Employees who wish to change or end direct deposit must do so via HR Self Service.

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**I am responsible for verifying all deposits made with my bank(s)  
before I issue any checks against my account.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Checking ☐ Savings ☐ Other

Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

9 Digit Transit Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**ATTACH VOIDED CHECK BELOW**

Print Form



**Board of Regents  
University System of Georgia**

**South Georgia State College  
SECURITY QUESTIONNAIRE**

NOTICE TO EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each employee to complete and sign, prior to his/her employment by the State of Georgia, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits acts, advocates, or teaches the overthrow of the government of the United States or government of the State of Georgia by force or violence or who is a knowing member of a subversive organization.

INSTRUCTIONS: Prepare in original only. Fill in all items. If more space is needed for any item, or explanation, continue under Item 5. Please type or print in ink.

1. Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Other Names Used: (Maiden name, names by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Specify which, and show dates used.)  
\_\_\_\_\_  
\_\_\_\_\_

2. Address  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Phone No. \_\_\_\_\_

3. Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or the government of the State of Georgia by force or violence? ☐ Yes ☐ No If "Yes," state the name of the organization and your past and present membership status including any offices held therein. \_\_\_\_\_  
\_\_\_\_\_

NOTE: If the answer to Question 3 is "yes" and the employing authority deems further inquiry is necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the results of such inquiry bring your application within the prohibition within the Sedition and Subversive Activities Act of 1953, as amended.

4. (A) Have you ever been convicted or are any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed. All other convictions must be included even if they were pardoned.)  
☐ Yes ☐ No

(B) If the answer to 4 (A) is "yes," state the reason convicted, the date convicted, and the place where convicted.

REASON CONVICTED	DATE	PLACE WHERE CONVICTED

5. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show item numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Code Section 16-11-14 of the Criminal Code of Georgia.

#### AFFIDAVIT OF VERIFICATION

State of \_\_\_\_\_ County \_\_\_\_\_

Personally appeared before the undersigned attesting officer, duly authorized to administer oaths, (Print your Name) \_\_\_\_\_ who, after being sworn, deposes and says and declares under penalties of false swearing that he or she is the person who executed the foregoing instrument; that he or she has read and completed the same and knows and understands the contents thereof; that the matters stated therein and the answers and information furnished by him or her in the foregoing questionnaire, including any attachments thereto, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year  
(Signature of Employee)

Notary Public

County of \_\_\_\_\_ My commission expires \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
month year

(Affix seal)

#### INFORMATION TO BE FURNISHED BY EMPLOYING UNIT

INSTRUCTIONS TO UNIT: If this questionnaire is executed by applicant, insert "APPL" in the space for date of appointment, and show date of application. If this questionnaire is executed by an individual who has been offered employment or who is already employed, provide the information requested.

DATE OF APPOINTMENT	TITLE OF POSITION	UNIT AND DEPARTMENT	DUTY STATION
			University System Office

#### Board of Regents University System of Georgia LOYALTY OATH

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, (Print your Name) \_\_\_\_\_, a citizen of \_\_\_\_\_  
State/Country

and being an employee of the University System of Georgia and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year  
Signature of Employee

Sworn to and subscribed before me this day and year above set out.

Notary Public

(Affix Seal)

PLEASE NOTE THAT EACH OF THE ABOVE DOCUMENTS, THE SECURITY QUESTIONNAIRE AND THE LOYALTY OATH, MUST BE SIGNED AND NOTARIZED.

**Policy for Student Workers Reporting Hours Worked at**  
**South Georgia State College in the**  
**OneUSG Payroll System**

To ensure all student workers understand the procedures with OneUSG. All student workers and supervisors must review and sign the following policy and procedures below.

**Designated Time Stations** – All Student Worker employees must timestamp in/out and will be assigned a specific computer terminal for this purpose by your supervisor. Time Stamp employees are expected to timestamp in/out for meal periods as well as when not on the job (classes, etc.)

**Time Stamping from Non-Authorized College Computer** – Time stamping from a non-authorized college computer (cell phone, laptop, dorm computer, etc.) will constitute falsification of a record and will result in progressive discipline of employee up to and including termination of employment. Computer ip addresses of time stamps are tracked by OneUSG system and are reviewed each pay period. Supervisors are responsible for ensuring that time cards, for which they are responsible, contain no time punches from non-authorized computers before approving time cards.

**Misuse of Time Entry or Leave Recording** – Allowing another employee to punch in/out for an employee will constitute falsification of a record and will result in progressive discipline of both individuals up to and including termination of employment.

**Failure to Punch In/Out** – Failure to completely record a work period by clocking in and out creates a “missed punch” in the time application. Any uncorrected missed punches during a two week pay period prevents any work time for that period from loading to the Payroll System, thus causing the employee to be not paid for that pay period. Supervisors are responsible for ensuring that time cards, for which they are responsible, contain no missed punches prior to approving their employees’ work hours. Continued neglect by an employee to punch in/out (compared to the average failed punches within the employee’s specific department) may be cause for progressive discipline up to and including termination. If you are unable to time stamp at your assigned computer, contact your supervisor in person, by phone or email about that issue. Supervisors will manually enter in/out time for missed punches.

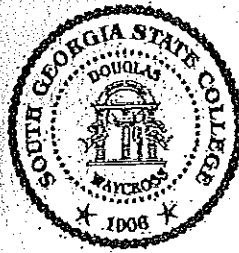
**Signatures**

I have read and I agree to accept these terms for reporting my hours worked as a Student Worker at South Georgia State College. I understand that failure to follow the above guidelines and policies can result in termination of my employment with the college.

\_\_\_\_\_ Student Worker Signature \_\_\_\_\_ Date

I have reviewed above policies with this student and understand that it will be my responsibility to assure that all reporting of hours worked are correct and student will follow above policy.

\_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date



## Right to Know Act of 1988

I have received the form entitled "YOUR RIGHT TO KNOW" from South Georgia State College and I am aware of my rights regarding hazardous chemicals as defined in the Act. I am also acknowledging that I will complete the online Basic Awareness Training Program available at the following web address:

<http://www.usg.edu/facilities/training/rtkbasic/>

Sign and return this form to the Human Resources Office acknowledging receipt of this information. Complete the online training program and return the page at the end of the session that shows you have completed it to the Human Resources Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Employee ID number



## Anti-Harassment Policy Acknowledgement

I agree upon acceptance of position with South Georgia State College to abide by the Anti-Harassment Policy I am receiving at this time. The Board of Regents of the University System of Georgia has adopted the policy statement on sexual harassment and it is included in The Policy Manual of the Board (Section 8.2.16). The information I am receiving addresses the policy statement, definition of sexual harassment, examples of sexually harassing behavior, academic freedom and professional responsibility. I have also received the procedures for handling complaints of sexual harassment and I am aware that the Affirmative Action Office of South Georgia State College is Jamie Tanner, Director of Human Resources.

---

**Signature**

---

**Print your name**

**Date**



## Worker's Compensation Policy Acknowledgement

The Worker's Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day of the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described on the attached copy of the *State Board of Workers' Compensation Bill of Rights For The Injured Worker*.

I understand that South Georgia State College is covered under the State Board of Workers' Compensation. As required by law, O.C.G.A. 34-9-81.1, I have received a copy of the summary listing my rights and responsibilities. I also understand it is my responsibility to report an incident to my Supervisor or the Director of Human Resources immediately in order that the incident be reported promptly to the proper authorities.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print your name**

\_\_\_\_\_  
**Employee ID number**



**Drug-Free Workplace Act of 1988**  
**Drug-Free Schools & Community Act of 1989**  
**Drug-Free Schools & Communities Act Amendments of 1989**

The material that you will find attached to this memorandum is distributed to you per Federal law. Current law will prevail over any information contained in this material. Further information may be found in the SGSC Public Safety Information booklet. Please take time to review this material.

Sign and return this form to the Human Resources Department acknowledging receipt of this information. Thank you.

---

Employee Signature

---

Date

---

Employee Name (Printed)



## South Georgia State College

*A Degree of Difference*

### HUMAN RESOURCES

#### GOVERNOR'S ETHICS IN GOVERNMENT POLICY

On January 12, 1999, Governor Barnes signed an Executive Order establishing an Ethics in Government Policy for employees of the Executive Branch, including all employees of the Governor's Office. Please find attached a copy of the revised Executive Order signed and ordered by Governor Barnes on January 29, 1999.

It is important that you understand violations to the Order may be subject to disciplinary action, including termination of employment. Any questions, requests for interpretations or clarification necessary for the Executive Order are to be submitted in writing to the Human Resources Office.

Sincerely,

Director of Human Resources

Please sign below and return to Human Resources signifying that you have received this information and that you are responsible for familiarizing yourself with the Executive Order.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

100 West College Park Drive - Douglas, GA 31533-5098

2001 South Georgia Parkway - Waycross, GA 31503

*A Four-Year residential college of the University System of Georgia*

912.260.4377

912.449.7521

912.260.4445 (fax)

912.260.4445 (fax)

[www.sgsc.edu](http://www.sgsc.edu)

*An Equal Opportunity/Affirmative Action Institution (M/F/V/D)*





## **Information Technology Appropriate Use Policy Acknowledgement Form**

I have received the forms entitled "Appropriate Use Policy" and "Guidelines for Interpretation & Administration of the South Georgia State College Appropriate Use Policy for Information Technology (IT) Resources" from South Georgia State College and I am aware of my rights regarding the Information Technology Appropriate Use Policy.

Sign and return this form to the Human Resources Office acknowledging receipt of this information.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print your name**

\_\_\_\_\_  
**Employee ID number**

<b>Title:</b>	<b>Appropriate Use Policy</b>
<b>Status:</b>	<b>Final</b>
<b>Effective Date:</b>	<b>2013-Oct-01</b>
<b>Last Revised:</b>	<b>2013-Oct-07</b>
<b>Policy Point of Contact:</b>	<b>Chief Information Officer, Information and Instructional Technology</b>
<b>Synopsis:</b>	South Georgia State College policy regarding the appropriate use of information technology resources.

## **Policy Statement**

This policy outlines the appropriate use of South Georgia State College information technology (IT) resources by employees, students, guests and organizations. Access to IT resources owned by South Georgia State College is a privilege, not a right, and implies user responsibilities. Such access is subject to South Georgia State College and University System of Georgia (USG) policies, standards, and procedures; and federal, state, and local laws.

This policy applies to the use of South Georgia State College IT resources, which include, but are not limited to, equipment, software, networks, data, and telephones owned or provided by South Georgia State College. This policy applies to use of the South Georgia State College network regardless of ownership of the device(s) connected to the network. This policy is the governing information technology policy for South Georgia State College whenever a policy conflict occurs. Other policies, standards; and procedures may supplement security restrictions, but may not relax the minimum requirements in this policy.

South Georgia State College provides information technology resources for the purpose of transacting official business of South Georgia State College. The Board of Regents and South Georgia State College establish acceptable use guidelines for the proper use of these resources.

## **Standard**

Maintaining the accessibility and usability of South Georgia State College IT resources requires the college to act responsibly and take measures to protect the resources from abuse. Therefore, South Georgia State College and all of its users must adhere to the following standards of appropriate and ethical use:

- Use only those IT resources for which you have authorization
- Protect the access and integrity of IT resources
- Abide by applicable federal, state, and local laws; adhere to USG and South Georgia State College policies; respect the copyrights and intellectual property rights of others, including the legal use of copyrighted material
- Use IT resources only for their intended purpose
- Respect the privacy and personal rights of others
- Do no harm

Failure to comply with the appropriate use of resources threatens the integrity and security of information and IT property. Any user of any South Georgia State College system found using IT resources for unethical and / or inappropriate practices has violated this policy and is subject to disciplinary proceedings. Such disciplinary proceedings include suspension of system privileges, expulsion from school, termination of employment and / or legal action as may be appropriate. An individual's expectation of privacy may be superseded by South Georgia State College's requirement to protect the integrity of IT resources, the rights of all users, and the property of South Georgia State College, the University System, and the State. South Georgia State College reserves the right to examine material stored on or transmitted through its resources if there is cause to believe that the standards for appropriate use are being violated by a user or trespasser onto its systems or networks.

Specific guideline for interpretation and administration of this policy are given in the Guidelines for Interpretation and Administration of the South Georgia State College Appropriate Use Policy. These guidelines contain more specific examples of offenses, and procedures for dealing with incidents.

*The South Georgia State College Appropriate Use Policy has been re-written to acknowledge and affirm the USG Appropriate Use Policy, adopting the structure and wording of much of the USG's policy.*

Last Revised: 2013-Oct-07

<b>Title:</b>	<b>Guidelines for Interpretation &amp; Administration of the South Georgia State College Appropriate Use Policy for Information Technology (IT) Resources</b>
<b>Status:</b>	<b>Final</b>
<b>Effective Date:</b>	<b>2013-Oct-01</b>
<b>Last Revised:</b>	<b>2013-Oct-07</b>
<b>Policy Point of Contact:</b>	<b>Chief Information Officer, Information and Instructional Technology</b>
<b>Synopsis:</b>	South Georgia State College guidelines for interpreting the appropriate use of information technology resources.

These guidelines are meant to assist South Georgia State College in the interpretation and administration of the South Georgia State College Appropriate Use Policy. The guideline outlines the responsibilities users accept when using South Georgia State College computing and IT resources. South Georgia State College, as a member institution of the University System, is subject to the USG Appropriate Use Policy and Guidelines for Interpretation and Administration. This document is provided as institution-level guidance on South Georgia State College's Appropriate Use Policy, along with any additional expectations on the part of South Georgia State College. This guideline includes the use of information systems and resources, computers, telephones, Internet access, electronic mail (email), voice mail, reproduction equipment, facsimile systems, and other forms of electronic communication.

## **User Responsibilities**

Use of South Georgia State College IT resources is granted based on acceptance of the following specific responsibilities:

### **Use only those IT resources for which you have authorization.**

For example, it is a violation:

- To use resources you have not been specifically authorized to use
- To use someone else's account and password or share your account and password with someone else
- To access files, data, or processes without authorization
- To purposefully look for or exploit security flaws to gain system or data access

## **Protect the access and integrity of IT resources.**

For example, it is a violation:

- To use excessive bandwidth
- To release a virus or a worm that damages or harms a system or network
- To prevent others from accessing an authorized service
- To send email that may cause problems and disrupt service for others
- To attempt to deliberately degrade performance or deny service
- To corrupt or misuse information
- To alter or destroy information without authorization
- To connect personally owned systems and equipment to the South Georgia State College primary network or South Georgia State College computers without the prior approval of the Chief Information Officer.
  - If such approval is granted, the user has a responsibility to ensure the security and integrity of the personally owned (or managed) systems and equipment, as well as data accessed through such systems.

## **Abide by applicable federal, state, and local laws; adhere to USG and South Georgia State College policies; respect the copyrights and intellectual property rights of others, including the legal use of copyrighted material.**

For example, it is a violation:

- To download, use or distribute copyrighted materials, including pirated software, music, videos, or games
- To make more copies of licensed software than the license allows
- To operate or participate in pyramid schemes
- To upload, download, distribute or possess pornography
- To upload, download, distribute or possess child pornography

## **Use IT resources only for their intended purpose.**

For example, it is a violation:

- To use computing or network resources for advertising or other commercial purposes
- To distribute copyrighted materials without the express permission of the copyright holder
- To send forged email
- To misuse software to allow users to hide their identity, or to interfere with other systems or users
- To send terrorist threats or “hoax messages”
- To send chain letters
- To intercept or monitor any network communications not intended for you
- To attempt to circumvent security mechanisms
- To use privileged access for other than official duties
- To use former privileges after graduation, transfer or termination, except as granted by South Georgia State College
- To upload, download, distribute or possess materials depicting pornography, gratuitous nudity, sexually explicit content, or of an obscene nature

## **Respect the privacy and personal rights of others.**

For example, it is a violation:

- To use electronic resources for harassment or stalking other individuals
- To tap a phone line or run a network sniffer or vulnerability scanner without authorization
- To access or attempt to access another individual’s password or data without explicit authorization
- To access or copy another user’s electronic mail, data, programs, or other files without permission
- To disclose information about students in violation of South Georgia State College or USG guidelines

## **System and Network Administrator Responsibilities**

System administrators and providers of South Georgia State College IT resources have the additional responsibility of ensuring the confidentiality, integrity, and availability of the

resources they are managing. Persons in these positions are granted significant trust to use their privileges appropriately, for their intended purpose, and only when required to maintain the system. Any private information seen in carrying out these duties must be treated in the strictest confidence, unless it relates to a violation or the security of the system.

## **Security Caveat**

Be aware that although computing and IT providers at South Georgia State College, and throughout the USG, are charged with preserving the integrity and security of resources, security can sometimes be breached through actions beyond their control. Users are therefore urged to take appropriate precautions such as:

- Safeguarding their account and password
- Taking full advantage of file security mechanisms
- Backing up critical data on a regular basis
- Promptly reporting any misuse or violations of the policy
- Using virus scan software with current updates
- Using personal firewall protection
- Installing security patches in a timely manner

## **Violations**

Every user of South Georgia State College resources has an obligation to report suspected violations of the above guidelines or of the Appropriate Use Policy for IT Resources. Reports should be directed to Information and Instructional Technology at South Georgia State College.

Last Revised: 2013-Oct-07